2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L02000003060

Entity Name: ZINAL MOTEL, LLC

Current Principal Place of Business:

417 WEST SUGARLAND HIGHWAY
CLEWISTON, FL 33440

New Principal Place of Business:

412 WEST SUGARLAND HIGHWAY
CLEWISTON, FL 33440

Current Mailing Address:

417 WEST SUGARLAND HIGHWAY
CLEWISTON, FL 33440

New Mailing Address:

412 WEST SUGARLAND HIGHWAY
CLEWISTON, FL 33440

FEI Number: 01-0616881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, ANTONIO R ESQUIRE
417 WEST SUGARLAND HIGHWAY
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTONIO R. PEREZ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PATEL, HINTENDRA B
Address: 417 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

Title: MGR ( ) Delete
Name: PATEL, MINESH B
Address: 417 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PATEL, HINTENDRA B
Address: 412 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

Title: MGR (X) Change ( ) Addition
Name: PATEL, MINESHKUMAR B
Address: 412 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HINTENDRA B. PATEL MGR 01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date